

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN638HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2009
NAME OF PROVIDER OR SUPPLIER BANNER CHURCHILL COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 801 EAST WILLIAMS AVENUE FALLON, NV 89406		
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S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey and complaint investigation conducted in your facility on June 24 through June 26, 2009, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00021983 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 051 SS=C	<p>NAC 449.314 Quality of Care/policies procedures</p> <p>2. The scope of services provided by each department, unit or service within a hospital must be defined in writing and must be approved by the administration and the medical staff of the hospital. Each department, unit or service within a hospital shall provide patient care in accordance with its scope of services. The policies and procedures of a hospital and of each department, unit or service within the hospital must, to the extent necessary, be integrated with the policies</p>	S 051		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 051	Continued From page 1 and procedures of the other departments, units and services within the hospital. This Regulation is not met as evidenced by: Based on policy review and interview, the facility failed to ensure that written and electronic policies and procedures were consistant, were available to all staff, and were approved by the medical staff and the administration of the hospital. Severity 1 Scope 3	S 051		
S 070 SS=D	NAC 449.3154 Construction Standards 1. Except as otherwise provided in this section, a hospital shall comply with the provisions of NFPA 101: Life Safety Code, pursuant to section 1 of this regulation. This Regulation is not met as evidenced by: The current edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) is the 2006 edition. Your facility was surveyed using Chapter 19 Existing Health Care Occupancies. 1) Section 19.2 Means of Egress Requirements 19.2.3.4 Any required aisle, corridor, or ramp shall not be less than 48 in. (1120 mm) in clear width where serving as means of egress from patient sleeping rooms, unless otherwise permitted by the follow: Based on observation and interview, the facility failed to maintain pre-existing eight foot wide corridors used as exit access as follows: a. On the second floor in the East corridor across from Room #218 a Hoyer lift was stored reducing the corridor width from eight feet to six feet. The	S 070		

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S 070	<p>Continued From page 2</p> <p>Maintenance Director stated "It is waiting to be repaired" and there was a sign on the lift that read "do not use."</p> <p>b. On the second floor in the West corridor leading from the labor and delivery area to the main corridor six bassinets and one bed were stored reducing the corridor width from eight feet to five feet. The Maintenance Director stated "That looks like a storage area."</p> <p>Severity 2 Scope 1</p> <p>2)Section 9.6 Fire Detection, Alarm, and Communication Systems</p> <p>9.6.1.6 Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>Based on interview with the Maintenance Director, the facility failed to have a policy addressing the loss of the fire alarm system protection.</p> <p>Severity 1 Scope 3</p> <p>3)Section 19.3.5 Extinguishment Requirements.</p> <p>9.7 Automatic Sprinklers and Other Extinguishing Equipment</p> <p>9.7.6.1 Where a required sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an</p>	S 070			

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S 070	Continued From page 3 approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. Based on interview with the Maintenance Director, the facility failed to have a policy addressing the loss of the sprinkler system protection. Severity 1 Scope 3	S 070		
S 115 SS=E	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation the facility failed to maintain a sanitary environment to prevent the spread of infection as follows: 1. In the equipment room near the Emergency Department a used suction canister with liquid brown secretions was observed in a trash can that was not marked as containing biohazard material. 2. Blood pressure cuffs were observed on the floor and in the trash can in the Emergency Department. 3. A mop bucket and mop were observed in the decontamination shower room near the Emergency Department. 4. Two bags of IV solution with tubing attached were left in the Emergency Department trauma room from training the night before.	S 115		

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S 115	Continued From page 4 5. Endoscopes were stored in the Endoscopy Procedure Room with one end of the scope resting on towels with light brown stains in the storage cabinet. Severity 2 Scope 2	S 115		
S 117 SS=C	NAC 449.325 Infections and Communicable Diseases 2. A hospital shall designate at least one person as an infection control officer, who shall develop and carry out policies governing the control of infections and communicable diseases. This Regulation is not met as evidenced by: Based on review of the Infection Control Committee meeting minutes and interview the facility failed to conduct quarterly meetings in accordance with the facility's Policy Number: IC-01, Infection Prevention. Severity 1 Scope 3	S 117		
S 128 SS=F	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to conduct quarterly preventative maintenance on the autoclave, Steris washer and	S 128		

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S 128	Continued From page 5 the Steris endoscope washer in accordance with the manufacturer's guidelines. Severity 2 Scope 3	S 128			
S 138 SS=C	NAC 449.331 Emergency Services 1. A hospital shall develop and carry out policies and procedures to ensure that emergency services and medical care are provided in accordance with NRS 439B.410 and 42 C.F.R. § 489.24. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to conspicuously post a sign in the Emergency Department specifying the rights of individuals with emergency medical conditions and women in labor in accordance with 42 CFR 489.20. Severity 1 Scope 3	S 138			
S 139 SS=A	NAC 449.331 Transfer Agreements 2. All general hospitals not having their own long-term facility shall have transfer agreements with long-term care facilities. Transfer agreements between facilities must be in writing and on file at each facility concerned. The agreements must provide for: (a) The transfer of patients between facilities whenever the need for transfer is medically determined This Regulation is not met as evidenced by: Based on interview with the Chief Nursing Officer, the facility failed to have a written agreement with an extended care facility to transfer patients for long term care.	S 139			

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S 139	Continued From page 6 Severity 1 Scope 1	S 139		
S 175 SS=E	NAC 449.338 Dietary Services 6. In providing for the preparation and serving of food, a hospital shall: (a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto This ELEMENT is not met as evidenced by: Based on observation, the facility failed to be in compliance with all the regulations of NAC 446 in the dietary department as follows: 1. Trash receptacles were uncovered at all hand sinks. 2. A large cart was blocking access to the dishroom hand sink. 3. Mops must be hung while drying. 4. There were three refrigerators located in auxiliary areas which were not commercial grade. 5. There was a rusted rack in the reach-in refrigerator on the cooks line. 6. The walk-in floor was rusting and in need of replacement. Severity 2 Scope 2	S 175		
S 231 SS=D	NAC 449.343 Medication Orders 2. When a telephone or verbal order is used to order medications or biologicals, the order must be: (a) Accepted only by a person who is authorized by the policies and procedures of the medical staff, which must be consistent with state law, to accept such an order; and (b) Signed or initialed by the prescribing practitioner in accordance with hospital policy.	S 231		

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S 231	Continued From page 7 This Regulation is not met as evidenced by: Based on record review, it was determined that the facility failed to obtain the ordering physician's signature on verbal orders within 72 hours as identified in facility policy for 2 of 17 patients. (Patients #14 and #17) Severity 2 Scope 1	S 231			
S 233 SS=C	NAC 449.343 Medication Orders 4. Medication and biologicals that are not specifically prescribed as to time or number of doses must be automatically stopped after a reasonable time that has been predetermined by the medical staff for that medication or biological. This Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to develop a stop order policy for medication orders that do not include a stop date or identify the number of doses to be given. Severity 1 Scope 3	S 233			
S 246 SS=E	NAC 449.346 Rehabilitative Services 2. If a hospital provides rehabilitative services, including, without limitation, physical therapy, occupational therapy, audiology or speech pathology, the services must be organized and staffed to ensure the health and safety of the patients. The organization of the services must be appropriate to the scope of the services offered. This Regulation is not met as evidenced by: Based on interview with the Physical Therapy Director and Chief Nursing Officer, the facility provided inpatient and outpatient physical therapy, but failed to provide occupational and	S 246			

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S 246	Continued From page 8 speech therapy as required. Severity 2 Scope 2	S 246		
S 255 SS=E	NAC 449.349 Emergency Services 1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the Emergency Department staff checked the two crash carts located in the Emergency Department for the integrity of the contents and the function of the defibrillator in accordance with facility policy and procedure. Severity 2 Scope 2	S 255		
S 260 SS=E	NAC 449.349 Emergency Services 4. A hospital shall have sufficient medical and nursing personnel who are qualified in emergency medical care to carry out the written emergency procedures of, and to meet the emergency needs anticipated by, the hospital. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure that an Emergency Department physician was in the facility from 7:00 PM on 6/13/09 through 7:00 AM on 6/14/09 in accordance with the facility's Policy Number: ED-12, Emergency Department Staffing. Severity 2 Scope 2	S 260		
S 265 SS=B	NAC 449.352 Social Services	S 265		

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S 265	Continued From page 9 1. A hospital shall have effective written policies and procedures for the provision of social services by the hospital staff. This Regulation is not met as evidenced by: Based on interview with the Care Coordinator, the facility failed to have written policies and procedures for providing social services to patients in need of such services. Severity 1 Scope 2	S 265		
S 266 SS=E	NAC 449.352 Social Services 2. Social services must be provided or supervised in accordance with chapter 641B of NRS by a professional, qualified social worker who is appropriately trained and has adequate experience to meet the social and emotional needs of the patients and their families. If the social worker does not have the educational and experiential requirements of a qualified social worker, an ongoing plan for consultation between the social worker and a qualified social worker must be developed. This Regulation is not met as evidenced by: Based on interview with the Chief Nursing Officer, the facility failed to employ or contract with a qualified social worker. Severity 2 Scope 2	S 266		
S 268 SS=E	NAC 449.352 Social Services 4. As used in this section, "qualified social worker" means a licensed social worker who has had at least 1 year of actual work experience in a hospital setting. This Regulation is not met as evidenced by: Based on interview with the Chief Nursing Officer,	S 268		

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S 268	Continued From page 10 the facility failed to employ or contract with a qualified social worker. Severity 2 Scope 2	S 268			
S 293 SS=F	NAC 449.361 Nursing Services 4. A hospital shall have a system for determining the nursing needs of each patient. The system must include assessments made by a registered nurse of the needs of each patient and the provision of staffing based on those assessments. This Regulation is not met as evidenced by: Based on review of the current nurse staffing system and staff interview, the facility failed to have a staffing system that was based on registered nurse assessments of the needs of each patient. Severity 2 Scope 3	S 293			
S 304 SS=B	NAC 449.3622 Appropriate Care of Patient 2. The governing body shall ensure that each person's role in providing care to a patient is determined by: (d) The relevant required licensure or certification, regulation, privileges, scope of practice and job description of the person. This Regulation is not met as evidenced by: Based on credentialing file review, the facility failed to have documentation that 1 of 16 physician assistants had current ACLS and PALS certification. (Employee #1) Severity 1 Scope 2	S 304			

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S 348	Continued From page 11	S 348		
S 348 SS=F	NAC 449.364 Obstetrical Services 4. A hospital shall ensure that the obstetric department has adequate staffing and equipment, including, without limitation: (a) A sufficient number of registered nurses, trained in perinatal care of a maternal patient and in newborn care, who are on duty at all times to ensure that proper care is provided to each patient This Regulation is not met as evidenced by: Based on observation and interview with the Nursing Unit Director, the facility failed to provide sufficient staff to ensure that a staff member was physically present in the newborn nursery whenever a newborn was present. Severity 2 Scope 3	S 348		
S 366 SS=F	NAC 449.3645 Delivery Rooms 2. Each hospital shall have at least one properly equipped delivery room, with the need for additional delivery rooms to be determined by the amount of use of the delivery room. The delivery room must have: (f) Sinks and dispensers which are equipped with foot, knee or elbow controls or an alternative method of control. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the delivery rooms had sinks and dispensers which were equipped with foot, knee or elbow controls or an alternative method of control. Severity 2 Scope 3	S 366		

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S 423	Continued From page 12	S 423		
S 423 SS=C	NAC 449.371 Intensive Care Services 4. The responsibility and the accountability of the intensive care unit to the medical staff and administration must be set forth in writing by the director of the intensive care unit. This Regulation is not met as evidenced by: Based on policy review and staff interview, the facility failed to ensure that the responsibility and accountability of the intensive care unit to the medical staff was set forth in writing by the director of the intensive care unit. Severity 1 Scope 3	S 423		
S 424 SS=F	NAC 449.371 Intensive Care Services 5. Whenever a patient is present in the intensive care unit, a registered nurse, with training and experience in intensive care nursing, shall supervise the nursing care and nursing management of the intensive care service. This Regulation is not met as evidenced by: Based on review of the current nurse staffing system and staff interview, the facility failed to have a staffing system that was based on registered nurse assessment of the needs of each patient in the intensive care unit. Severity 2 Scope 3	S 424		
S 548 SS=F	NAC 449.385 Surgical Services 9. Each surgical suite must have readily available and in good working condition: (f) A tracheotomy set. This Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a tracheotomy set for	S 548		

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S 548	Continued From page 13 each surgical suite. Severity 2 Scope 3	S 548			
S 572 SS=E	NAC 449.389 Respiratory Care Services A hospital shall meet the needs relating to respiratory care of its patients in accordance with nationally recognized standards of practice. If the hospital unit has a unit to provide respiratory care services: 3. Personnel qualified to perform specific procedures relating to the provision of respiratory care services and the amount of supervision required for such personnel to carry out specific procedures must be designated in writing. This Regulation is not met as evidenced by: Based on a review of policies, competency assessment records for respiratory therapists and confirmation with the department manager, the facility failed to specify the amount of supervision required to perform specific respiratory procedures for 5 of 10 therapists, including the per diem employees. The updated competency assessment forms did not include the amount of supervision required for specific procedures. Severity 2 Scope 2	S 572			

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